

1 Code: 3720

Name: _____

2 Address: _____

3 Telephone: _____

Email: _____

4 Self-Represented Litigant

5 IN THE FAMILY DIVISION
6 OF THE SECOND JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA
7 IN AND FOR THE COUNTY OF WASHOE

8 _____,
9 Plaintiff / Petitioner / Joint Petitioner,

Case No. _____

10 vs.

Dept. No. _____

11 _____,
12 Defendant / Respondent / Joint Petitioner.

13 PROOF OF SERVICE

14 I served a true and correct copy of SUBSTITUTION OF COUNSEL upon the following people:

15 1. Name: _____ Date: _____

16 By: Service by eFlex

Personal Service

17 Certified mail, return receipt attached

U.S. Mail, postage prepaid

18 Other: _____

19 Address where service occurred, if applicable: _____

20 If more room is needed, attach additional sheets.

21 A copy of this Proof of Service has been electronically served, mailed, or personally delivered
22 to all parties or their lawyer.

23 This document does not contain the personal information of any person as defined by
24 NRS 603A.040.

25 Date: _____

Your Signature: _____

26 Print Your Name: _____